



Alaska Power & Telephone
P.O. Box 3222
193 Otto Street
Port Townsend, WA 98368

Ph. (360) 385-1733
Fax (360) 385-5177

May 15, 2017

Federal Communications Commission
Wireline Competition Bureau
Industry Analysis and Technology Division
Washington , DC 20554

ATTN: Wireline Competition Bureau
Industry Analysis and Technology Division

Re: Form 395
Bettles Telephone, Inc.

To Whom It May Concern,

On behalf of the above referenced company, I submit the attached Common Carrier Annual Employment Report FCC Form 395 for 2017. This company has fewer than 16 employees and has had no equal employment complaints pending or filed against them.

Sincerely,

A handwritten signature in cursive script that reads 'Mary Jo Quandt'.

Mary Jo Quandt
Senior Director of Regulatory Affairs
Bettles Telephone, Inc.
P.O. Box 3222
Port Townsend WA 98368
Phone: (360) 385-1733 x115
Fax: (360) 385-5177
Email: maryjo.q@aptalaska.com

FCC 395

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

1. Name and Mailing Address of Respondent:

Bettles Telephone, Inc.
P.O. Box 3222
Port Townsend, WA 98368

☐ Check here if this
is a change of
address.

2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

5-31-16 to 5-31-17

4. Number of Full-Time Employees during Selected

Reporting Period (check one):

- a. ☒ Fewer than 16 (complete Sections I, IV, and V only)
b. ☐ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

| Job Categories | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | Total Columns A - N | |
|--|--|--------|------------------------|---------------------------------|---|-------|---|----------------------|--------|---------------------------------|---|-------|---|----------------------|---------------------------|--|
| | Race/Ethnicity | | | | | | | | | | | | | | | |
| | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | | |
| | | | Male | | | | | | Female | | | | | | | |
| | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | | |
| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | |
| Executive/Senior Level Officials and Managers 1.1 | | | | | | | | | | | | | | | 0 | |
| First/Mid-Level Officials and Managers 1.2 | | | | | | | | | | | | | | | 0 | |
| Professionals 2 | | | | | | | | | | | | | | | 0 | |
| Technicians 3 | | | | | | | | | | | | | | | 0 | |
| Sales Workers 4 | | | | | | | | | | | | | | | 0 | |
| Administrative Support Workers 5 | | | | | | | | | | | | | | | 0 | |
| Craft Workers 6 | | | | | | | | | | | | | | | 0 | |
| Operatives 7 | | | | | | | | | | | | | | | 0 | |
| Laborers and Helpers 8 | | | | | | | | | | | | | | | 0 | |
| Service Workers 9 | | | | | | | | | | | | | | | 0 | |
| TOTAL 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| PREVIOUS YEAR TOTAL 11 | | | | | | | | | | | | | | | 0 | |

FCC 395

Revised December 2007

SECTION III - Part-Time Employees.

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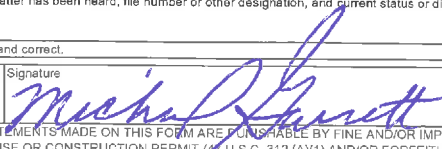
| Job Categories | | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | Total Columns A - N |
|---|-----|--|--------|------------------------|---------------------------|---|-------|----------------------------------|-------------------|--------|---------------------------|---|-------|----------------------------------|-------------------|------------------------|
| | | Race/Ethnicity | | | | | | | | | | | | | | |
| | | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | |
| | | | | Male | | | | | | Female | | | | | | |
| | | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | |
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | | |
| Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | | | | | | | 0 | |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | 0 | |
| Professionals | 2 | | | | | | | | | | | | | | 0 | |
| Technicians | 3 | | | | | | | | | | | | | | 0 | |
| Sales Workers | 4 | | | | | | | | | | | | | | 0 | |
| Administrative Support Workers | 5 | | | | | | | | | | | | | | 0 | |
| Craft Workers | 6 | | | | | | | | | | | | | | 0 | |
| Operatives | 7 | | | | | | | | | | | | | | 0 | |
| Laborers and Helpers | 8 | | | | | | | | | | | | | | 0 | |
| Service Workers | 9 | | | | | | | | | | | | | | 0 | |
| TOTAL | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| PREVIOUS YEAR TOTAL | 11 | | | | | | | | | | | | | | 0 | |

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- ☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

| | | | |
|--|--|---|---------------------------------|
| Date 5/15/17 | Typed or Printed Name of Person Signing Michael Garrett | Signature  | Telephone No. (800) 982-0136 |
| Title of Person Signing President/CEO | | WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). | |